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NGNA Section

Medication Assistant-Certification Program in Washington State: Barriers to implementation

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A B S T R A C T

Medication assistants (MAs) are a legal alternative that enables licensed nurses to safely delegate medication administration to stable residents in non-acute settings. The purpose of this study was to query the beliefs and understanding of skilled nursing facility staff regarding the Washington State Medication Assistant Endorsement Program (MAEP). A 15-item survey was developed and administered to a convenience sample of 218 nursing staff from five eastern Washington nursing homes. Most believed that MAs would not change the cost of care, nor would they enhance or reduce the quality of care provided to residents in skilled nursing facilities. The relatively few Licensed Practical Nurses surveyed ($n = 19$) were the least in favor of MAs, possibly fearing job loss with the addition of MAs to the staffing mix at their facilities. These factors in combination may reflect why MAEP has not yet been embraced by providers in Washington State.

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Introduction

Medication assistants (MAs) are a legal alternative to whom licensed nurses may safely delegate medication administration for stable residents in non-acute settings.[1–3] MAs are certified nursing assistants who have typically completed 100 or more hours of didactic, simulation training and clinical education to safely administer medications, with the exception of those administered by parenteral or enteral routes.[4] Licensed nurses retain responsibility to assess, diagnose, treat, and evaluate clients, and conversion or calculation of medications cannot be delegated unless otherwise authorized by state law. Judgment required by licensed nurses can never be delegated to unlicensed persons, including medication assistants (MAs).[1–3,5]

What is a medication assistant?

Definitions, education, licensing and delegation requirements are inconsistent across states.[6–8] Minimally, MAs are expected to read, speak and write English, possess basic math skills, have a high school diploma or GED, be certified as a nursing assistant and CPR certified, and be 18 years of age or older.[5] However, certification of the MA and settings where they work may be more or less stringent, as determined by the legislature where the MA resides.

In Washington State, a certified nursing assistant with specialized training as a medication assistant can give some medications and deliver treatments in nursing homes under the supervision of a Registered Nurse (RN). The RN must assess each resident's needs, validate the competency of the medication assistant and provide direct supervision of the MA. In Washington State, Licensed Practical Nurses (LPNs) are not allowed to direct MAs to give medications or treatments.[9]

In a 2009 national survey, 34 states were found to have laws that allowed the use of medication assistants in nursing homes.[10] Since that time, Washington State was added to the list with the passing

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of the Medication Assistant Endorsement law in 2013 allowing the use of MAs in nursing homes, bringing the total to at least 35.[9]

Benefits of medication assistants

Use of MAs enables licensed nurses to have more time to perform professional roles which require clinical judgment while controlling costs; this approach also broadens the career ladder for nursing assistants. Some studies have demonstrated no statistically significant differences in medication error rates between licensed nurses and MAs.[10–15] Prior to the utilization of MAs, states reported barriers to their use, including concerns arising regarding patient safety, medication administration practices, substitution of licensed nurses by MAs to reduce costs, and violation of regulatory requirements.[8,16,17]

In Washington state, nursing assistants with specialized training have administered medications for several years in adult family homes and assisted living facilities. However, providers and regulators have been resistant to utilize them in skilled nursing facilities because of concerns surrounding patient safety and potential violation of regulatory requirements.[8,16,17] By July 2013, the Washington Legislature and the Department of Health enacted statutory and regulatory change to allow for their use in skilled nursing facilities; however, only one facility is currently licensed to provide the required training statewide. The only MAs currently working in this role are those who were trained in other states, relocated, and attained reciprocity for certification.[9]

Impact of medication assistants on quality

In a 2013 analysis of skilled nursing facility quality data (2004–2010) from Kentucky, North Carolina, and Tennessee, researchers found a significant increase in the use of MAs in states allowing their use to administer medications.[18] However, the increase in use did not lead to fewer licensed nurses (LPNs and RNs), nor did the use of MAs lead to an increase in reported deficiency citations or negative resident outcomes.[18] This study supports the use of MAs in skilled nursing facilities.

Purpose

The purpose of this study was to query the beliefs and understanding of skilled nursing facility staff regarding the Washington State Medication Assistant Endorsement Program (MAEP). In particular, researchers were interested in the barriers prior to the implementation of the MAEP when considering participant role, age, gender, years of experience and licensure in relation to patient safety and quality of care.

Methods

Design

This study used a cross sectional survey design to assess the beliefs and understanding of the July 2013 approved Washington State Medication Endorsement Program.[9] The study began as a targeted initiative of the Geriatric Interest Group (GIG) of Spokane. Formed in 2012 by the researchers, the GIG is a group of long-term care professionals (Directors of Nursing, Administrators, Social Workers and Registered Nurses) from five local nursing homes. The goal of the GIG is to enhance quality of care and quality of life for elders in nursing homes by partnering with the researchers to target current issues facing long-term care providers in the Spokane, Washington area.

Participants and setting

All ($N = 250$) Nursing Assistants (NAs), Licensed Practical Nurses (LPNs), Registered Nurses (RNs) and Nursing Home Administrators (NHAs) from the five GIG nursing homes were invited to complete the survey during monthly facility staff meetings. A convenience sample of 218 care staff members (109 NAs, 19 LPNs, 51 RNs, 3 NHAs, along with 36 who did not report their training) participated in the study by completing the survey. The five nursing homes range in size from 80 to 160 beds and offer skilled, sub-acute, long-term and dementia care. The facilities are Medicare certified; three are not-for-profit and two are for-profit.

Measurement

Survey construction

The Medication Assistant Endorsement Program Survey is a 15-item tool (Table 1) with an additional 6-items to assess sample characteristics (role, gender, age, educational background, experience in long-term care and licensure). The 15 items were developed by an expert group of three Registered Nurses after reviewing the newly approved Washington State Medication Endorsement Program rules and regulations. The expert group included a doctorally prepared gerontologist and gerontological nurse practitioner, an advanced practice nurse lawyer, and a retired long-term care nurse manager. The expert group was seeking to understand staff views as they constructed the survey and considered the following questions:

1. What type and number of nursing home caregivers are supportive of the Medication Assistant Endorsement Program?

Table 1
Survey items with mean and standard deviation results.

Survey items	Mean (standard deviation)
1. I am in favor of the Medication Assistant (MA) Endorsement Program.	2.53 (1.27)
2. I would like to see MAs used in my skilled nursing facility (SNF).	2.61 (1.31)
3. I believe that MAs will positively affect quality of care in SNF.	2.52 (1.24)
4. I Believe that MAs will provide safe care to nursing home residents.	2.58 (1.19)
5. I believe that the use of MAs will reduce the cost of nursing home care.	2.78 (1.10)
6. Certified Nursing Assistants (CNAs) with more than 1000 h of experience are uniquely qualified to become MAs.	2.52 (1.17)
7. MAs can safely administer:	
a. Over-the-counter medications	2.19 (1.08)
b. Scheduled IV & V medications orally, topically & inhalation	2.86 (1.24)
c. Treatments including blood glucose monitoring	2.37 (1.10)
d. Non-complex dressing changes	2.37 (1.14)
e. Pulse oximetry readings	1.92 (0.97)
f. Oxygen administration	1.99 (0.99)
8. The employer should pay training costs for CNAs to become MAs.	2.13 (1.16)
9. The employer should reimburse CNAs for hourly wages while in training to become MAs.	2.11 (1.14)
10. The supervising Registered Nurse (RN) understands his/her responsibilities when delegating tasks to the MA.	1.99 (1.05)

1 = Strongly Agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly Disagree.

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